SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL.

LONDON: SATURDAY, MAY 8TH, 1920.

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British Medical Association.

CURRENT NOTES.

Motor Car Taxation.

A DEPUTATION from the British Medical Association on the taxation of motor cars was received at the Ministry of Transport on May 4th. It was headed by Mr. E. B. Turner, F.R.C.S., Sir Malcolm Morris, K.C.V.O., and Dr. T. Ridley Bailey; Dr. Nathan Raw, M.P., and Dr. G. E. Elliot, M.P., were also present. In the absence of the Minister, Sir Eric Geddes, who was detained, the deputation was received by the secretary, Sir Francis Dunnell, K.C.B., with whom was Sir Henry Maybury, K.C.M.G., chairman of the Taxation Committee.

Mr. Turner began by saying that the report of Sir Henry Maybury's committee appeared to those for whom he spoke to impose a heavy additional, and in some ways an unfair, burden upon the medical profession. He then gave details of the use of motor cars for professional purposes. From his experience as chairman of a section of the Central Medical War Committee, he found that the average yearly mileage of a practitioner, taking the country as a whole, was 7,500, which meant the consumption of 500 gallons of petrol a year. Hitherto a doctor paid three guineas for tax and £6 5s. duty for this amount of petrol. During the war many doctors ran their cars to destruction, and even at the present time matters in this respect were not normal. It was impossible during the war to buy English cars, and many doctors had to purchase cars from American manufacturers, who gave them priority in delivery. A doctor using one of these cars, of, say, 20 h.p., would pay £11 12s. a year more than he did before, and that was a big penalty upon a man the use of whose car was, as to 99 per cent., professional and essential to the community. Moreover, a great many doctors, especially in districts where roads were bad, had to have two cars, or even three, in commission. The new method of taxation would bear unjustly on the medical profession as compared with those who used their cars for pleasure. He pleaded for a return to the *status quo* so far as doctors were concerned. Sir Malcolm Morris raised the question of motor ambulances, but Sir Henry Maybury said that it was not proposed to place any tax at all on ambulances.

Sir Francis Dunnell said he would lay the views of the deputation before the Minister, but he was bound to point out that if any exceptions were made to the general abolition of rebates, other classes also would claim special treatment. Some discussion took place on the validity of the figures mentioned, and Mr. Turner agreed that he had not taken into his estimate any concessions which petrol companies might make. Sir Henry Maybury remarked that when the rebate to doctors was first instituted no commercial car had to pay licence duty. Every commercial car was now laid under tribute, and the position had entirely altered with the wide development of motor transport. Under the new Budget the commercial motor car was estimated to yield a larger sum to the revenue by some £50,000 than the pleasure car would yield, so that a great part of the new revenue would come from commercial cars of every kind. He also suggested that a doctor with more than one car might reasonably be accounted affluent, but this was at once contested by the deputation. Dr. Ridley Bailey, in explaining the fallacy, gave an illustration of special hardship in the case of a Staffordshire practitioner. Sir Henry Maybury remarked that the Staffordshire roads were the worst in England, and that the new revenue from taxation would enable road improvements to be made, with consequent relief to motor car users. At the close of the proceedings Sir Francis Dunnell again undertook to lay the facts before the Minister.

Utilization of Poor Law Hospitals.

The Hospitals Committee of the Association is at present considering the question of the utilization of Poor Law hospitals to meet general needs, and is anxious to obtain information with regard to any schemes which are being formulated in connexion therewith. Members are invited to send to the Medical Secretary any particulars or suggestions which would help the Committee in its deliberations.

Individual Assistance.

An interesting gratuity case has just been decided in favour of a member as a result of representations made to the War Office by the British Medical Association. A Territorial Force medical officer who had been called up at the commencement of hostilities resigned after fourteen months' service in order to release his partner, a younger man, who was fit for general service. It was clearly understood by the War Office that this action was taken on the understanding that the junior partner would replace the officer who was resigning. The action was also taken on the advice of the Local Medical War Committee, which ruled that both these medical men could not be spared from the district. When an application for gratuity was made by the medical officer who had resigned it was refused on the ground that he had resigned voluntarily. The assistance of the Association was sought, with the result that the gratuity has been paid. This affords another instance of what can be done for individual members who seek the assistance of the Association when they are in difficulty.

TERRITORIAL MEDICAL SERVICE.

DEPUTATION TO DIRECTOR-GENERAL, ARMY MEDICAL SERVICE.

SIR JOHN GOODWIN, K.C.B., C.M.G., D.S.O., Director-General Army Medical Service, received at the War Office on April 15th a deputation from the British Medical Association with regard to certain questions relating to the reorganization of the Territorial Force.

There were present:

Lieut.-General Sir T. H. J. C. Goodwin, K.C.B., C.M.G., D.S.O., D.G., A.M.S.
Colonel Sir E. S. Worthington, K.C.V.O., C.B., C.M.G., A.M.S.
Lieut.-Colonel E. C. Montgomery-Smith, C.M.G., D.S.O., T.D., A.M.S.

Dr. C. Buttar, Chairman of Territorial Force Subcommittee.
Major G. Annis, R.A.M.C.(T.).
Colonel L. Blandford, C.B.E.
Dr. J. A. Nixon, C.M.G.
Dr. C. Courtenay Lord, Assistant Medical Secretary.
Dr. N. G. Horner, Assistant Editor, BRITISH MEDICAL JOURNAL.

Dr. BUTTAR, introducing the subject for which the deputation had met the Director-General, explained that the Territorial Force Subcommittee of the Naval and Military Committee had under consideration the question of the reorganization of the Territorial Army for two reasons:

1. In the hope that the British Medical Association might be of help in the establishment of a satisfactory Force in peace time.
2. With a view to the civilian profession rendering proper assistance in the expansion of that Force which might be necessary should a national emergency arise.

Before dealing with the points which had been submitted in writing to the Director-General, Dr. Buttar said there was one question upon which the deputation would like information: "Was it intended that, in the event of an emergency, the Regular Army should be expanded at the same time as the Territorial Army, or would the expansion only take place through the latter?"

In reply, the DIRECTOR-GENERAL said that this matter was under consideration by the Army Council. It had been urged by his Department that this expansion should take place solely through the Territorial Army, but the Army Council held very strongly that the conditions for the Medical Department should not differ from those which obtained for the rest of the Army. The matter was therefore being considered by the Army Council from the point of view of the Army as a whole, and, of course, he was not in a position to state what decision would be arrived at. Dealing with the anomaly which had arisen during the late war, and which was the cause of such serious dissatisfaction—namely, the higher rates of pay for temporarily commissioned medical officers than those received by Territorial and Special Reserve medical officers—Sir John Goodwin said he had made recommendations to the Army Council that in future it must be absolutely assured that medical officers of the Territorial Force and Special Reserve must receive the same pay and allowances as officers of the Regular Army, and that temporarily commissioned medical officers (if such were appointed) must in no case obtain higher rates of pay and allowances. He had urged very strongly that the temporary commission system should be abolished, but here again the matter was under consideration, and he could not forecast the decision of the Army Council. The Director-General next took up one by one the suggestions submitted by the Subcommittee.

With regard to:

(1) That the Territorial Army should be represented on the Staff of the D.G., A.M.S., by a senior officer who should have the title of D.D.G., and should have the rank of not less than that of Major-General.

This immediately raised two difficulties. There was at present no officer of the Territorial Army in the War Office, with the exception of the Earl of Scarborough, who held the rank of Major-General. To carry this proposal into effect would entail an enormous increase of expenditure. Moreover, the idea would be running quite counter to the present view held by the Army Council, which was to avoid most strongly anything in the nature of water-tight compartments or duplication of staffs. This proposal would entail separate channels for both the Regular and Territorial Armies, and it would mean that the scheme would have to be carried into effect throughout the whole of the War Office, from the Army Council downwards. It would be extremely difficult to carry this proposition into effect.

As to:

(2) That the Territorial Army should be represented on the different branches of the Medical Directorate by an adequate number of Territorial medical officers.

Here again a separate administration would have to be instituted for the Territorial Army, and this would raise insuperable financial difficulties. He had already decreased his directorate by 40 per cent., and was endeavouring to reduce it still further. If suggestion No. 2 were carried into effect, his staff would have to be brought up to pre-war strength.

As to:

(3) That the Territorial Army Medical Service should consist of two classes of officers: (*a*) Active List; (*b*) Reserve.

He was in agreement.

As to:

(4) That the medical officers on the active list should be carried on three general lists: (i) Field units; (ii) technical units; (iii) general hospitals.

This was already laid down. It was proposed that regimental medical officers, field ambulance, and casualty clearing station officers should be posted, on joining, to regiments, field ambulances, and casualty clearing stations. All regimental medical officers would be available for posting to field ambulances or casualty clearing stations as captains or majors, and would be shown in their proper seniority on the divisional list. They would all be available for selection to commands and higher ranks. Senior officers would be on a general list for all divisions showing ranks, stations, etc. For the staffing of general hospitals a special list by division areas would be maintained. Officers would be posted to the hospital in their area, and would obtain their promotion by time. Majors would be given posts in hospitals; if there were no vacancies they would go to the reserve as trained officers and be liable to recall for posts in hospitals or casualty clearing stations. These lists would also show officers of higher ranks available as consultants.

As to:

(5) That an age limit should apply to each rank.

This already applied, the age limit being 45, 50, and 55 for captains, majors, and lieutenant-colonels respectively.

As to:

(6) That medical officers of casualty clearing stations should be selected on a team basis, and arrangements should be made for training them in military duties.

This was being done.

As to:

(7) That all special medical officers, such as pathologists, *x*-ray specialists, and hygienists, should be carried on the technical units list, and medical officers on this list should be represented on the medical directorate.

This was either done or was in process of being carried out. The Director-General thought that the suggestion of the deputation, that the list should include all specialists, including those on the staff of hospitals, was a matter which could easily be met. Regarding the representation of these officers on the medical directorate, the same difficulty was encountered here as that of which he had previously spoken.

As to:

(8) That the *à la suite* system should be abolished.

A Committee had been appointed to go into this matter, for he recognized that the *à la suite* system contained grievous anomalies upon which marked improvements must be effected.

As to:

(9) That no medical officer should be placed on the General Hospital List under a given age, nor until he has reached the rank of Captain.

A general discussion took place on this proposal. The Director-General thought that the difficulties involved in the subject might be overcome, if the men who had done approved service in the war were to be regarded as being available for admission to the General Hospital List; thereafter appointments would only be made to this list from those officers who had done military training.

As to:

(10) That the training in Officers' Training Corps should be altered, and should be of a military rather than a professional character.

This was a question which had been studied and discussed by his Department for many months. There were many arguments both for and against the proposal.

Dr. BUTTAR, replying to the Director-General, said that what the Subcommittee had in mind with regard to proposals 1 and 2 was not that there should be two armies, for it recognized that that was quite impossible, but that service in the Territorial Army might be more attractive if Territorial officers felt they had a channel of their own which dealt with Territorial matters exclusively.

Sir JOHN GOODWIN said that the Territorial Army already had its own representative at the War Office in A.M.D., I, and he hoped that this would meet the views of the officers concerned. He regarded it as essential that the Territorial Army should not be run entirely independently of his Department, as otherwise the Director-General would be quite ignorant of what was going on. There was nothing he himself was more anxious to secure than that the Territorial Army Medical Service should work smoothly and efficiently in every way. He was under the impression that a good deal of feeling had arisen in regard to the temporarily commissioned officers. Endeavours had been made at various times during the war to rectify anomalies on this point, but—as might be readily understood—it was difficult to alter policy while active operations were in progress. He had been considering this matter very carefully, and had put forward recommendations which he hoped would be approved by the Army Council.

Dr. BUTTAR raised the question of recruiting in times of emergency. The DIRECTOR-GENERAL said he regarded this as a most important subject. He would be very glad indeed if the Subcommittee would consider this question and discuss it with him. He realized its enormous importance and the difficulties involved, and was in agreement that there should be some civilian professional organization by means of which the army could be furnished with doctors should the emergency arise. He would be very happy to have the Subcommittee's views.

After thanking the Director-General for the kind and sympathetic manner in which he had received them, the deputation withdrew.

Association Notices.

MEETING OF COUNCIL.

THE next Meeting of Council will be held on Wednesday, May 19th, in the Council Room, 429, Strand, London, W.C. 2., at 10 a.m.

REPRESENTATIVE MEETING.

DATE.

THE Annual Representative Meeting at Cambridge will begin on Friday, June 25th, at 10 a.m.

NOTICES OF MOTION AND AMENDMENT BY DIVISIONS AND BRANCHES.

The Supplementary Report of Council to the Representative Meeting will appear in the SUPPLEMENT of May 29th, 1920.

Notices of Motion and Amendment by Divisions and Branches for consideration by the Annual Representative Meeting will be published in the SUPPLEMENT as they are received, but none can be published later than June 12th, for which purpose they must be received by the Medical Secretary *not later than the first post on Monday, June 7th.*

It will be possible, however, to include in the Agenda for the Annual Representative Meeting all Notices of Motion and Amendment which are received by the Medical Secretary *not later than the first post on Monday, June 14th, 1920.*

ANNUAL GENERAL MEETING.

THE Annual General Meeting will be held at the Examination Halls, Cambridge, on Tuesday, June 29th, 1920, at 2 p.m. Business: (1) Minutes of last Meeting. (2) Appointment of auditors. (3) Report of election of President.

BRANCH AND DIVISION MEETINGS TO BE HELD.

NORTH OF ENGLAND BRANCH.—Dr. Jas. Don, Honorary Secretary (1, Grove Street, Newcastle-on-Tyne), gives notice that a meeting of the medical profession within the area of the North of England Branch will be held in Newcastle-on-Tyne on Thursday, May 13th, to initiate preparations for the annual meeting of the Association to be held in Newcastle-on-Tyne in 1921.

ESSEX BRANCH.—The spring meeting of the Essex Branch will be held at the Saracen's Head Hotel, Chelmsford, on Wednesday, May 26th, at 12 o'clock. Members wishing to show cases or read papers should communicate with Dr. B. W. Nicholson, East Lodge, Colchester.

SOUTH-WESTERN BRANCH: EXETER DIVISION.—Dr. Norman Lock, Honorary Secretary (5, Barnfield Crescent, Exeter), gives notice that a general meeting of the Division will be held on Friday, May 14th, at 2.30 p.m., at the Royal Devon and Exeter Hospital.

Meetings of Branches and Divisions.

NORTHERN COUNTIES OF SCOTLAND BRANCH: INVERNESS DIVISION.

A MEETING of the Inverness Division was held at the Northern Infirmary on April 3rd, when Dr. A. C. BALFOUR was in the chair.

The Division approved of the necessity for action in national emergencies, and a committee of the Division was appointed to confer with the local authorities in the area so as to formulate a scheme.

The terms submitted in the joint report on fees for life assurance (SUPPLEMENT, March 27th, 1920) were agreed to as a suitable basis for discussion at the Annual Representative Meeting, 1920.

It was resolved to ask Dr. Drever, Scottish Secretary British Medical Association, to lay before the Scottish Committee of the British Medical Association the necessity for approaching the Scottish Prisons Board to increase the salaries of prisons medical officers by 50 per cent. on a pre-war basis, and for taking up the same question with the respective authorities regarding the salaries of medical officers holding public health, Poor Law, and similar public appointments.

The honorary secretary was instructed to write to Dr. Drever, informing him of the great dissatisfaction of the doctors all over the Highlands, and especially in the multiple areas, with the remuneration received for attendance on patients and for mileage under the Highlands and Islands scheme, the sums received individually being quite inadequate to recompense the doctor for his work.

LANCASHIRE AND CHESHIRE BRANCH: ROCHDALE DIVISION.

A MEETING of all the medical practitioners in the Rochdale Division area was held at Rochdale on April 13th, when Dr. Alfred Cox, O.B.E., the Medical Secretary, gave an address on the British Medical Association and its work. Questions were invited and answered by Dr. Cox.

The annual meeting of the Division was subsequently held, when the annual report was read; the financial statement showed a balance in hand of £3 11s. 10d. at December 31st, 1919.

The following officers were elected for the ensuing year:

Chairman: Dr. Bateman. *Vice-Chairman:* Dr. Geddes. *Honorary Secretary and Treasurer:* Dr. J. Melvin. *Auditor:* Dr. Harris. *Representative in Representative Body:* Dr. Lord. *Deputy Representative:* Dr. J. Melvin.

INSURANCE.

DISTRIBUTION OF MILEAGE GRANT.

IN reply to an inquiry by the Medical Secretary with regard to the delay in payment to rural doctors of sums on account of mileage for 1920, the Ministry of Health has replied as follows:

The position is that a circular letter was issued to Insurance Committees on January 20th requesting that certain particulars should be furnished which are essential before the distribution of the Central Mileage Fund can be proceeded with. The letter contained the following paragraph:

For the purpose of the distribution of the main portion of the Central Mileage Fund it will be necessary for committees to obtain, as soon as practicable, from the doctors practising in rural portions of the committee's area the statistics referred to in paragraph 35 of the report.

Certain other particulars were also required with regard to districts where the difficulties are of an exceptional character. Although this circular letter was issued over three months ago, we have only so far received the main particulars from less than one-third of the counties. It is important that the doctors who are concerned should realize that the distribution of the fund cannot be determined by the Distribution Committee, or any payments made by way of instalments, until the necessary particulars have been received from the several areas; and delay on the part of any doctors in sending in particulars is, therefore, reflected in a delay in the making of payment to rural practitioners generally. We are issuing the necessary official reminders, but you may consider it worth while to invite the attention of rural doctors generally to the subject. As soon as the particulars are received no time will be lost in laying them before the Distribution Committee for examination and for their recommendations.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

THE following notifications are announced by the Admiralty:—Surgeon Captains W. Bett, M.V.O., J. Shand and J. Chambers, C.M.G., promoted to the rank of Surgeon Rear Admiral. Surgeon Commanders A. J. Wernet to R N. College, Greenwich, for three months' hospital course; W. P. Hingston to the *Coventry* as Squadron Medical Officer (on transfer of flag); A. Davidson to the *Curlew*; A. Gaskell, C.B., O.B.E., to the *President*, for duty with Medical Director-General Admiralty (temporary); W. P. Walker to the *Canada*; E. S. O. Sawdy to R.N. Hospital, Pembroke Dock (temporary). Surgeon Lieut. Commander H. H. Ormsby to the *Castor* (on transfer of flag). Surgeon Lieutenant G. A. M. Anderson, promoted to the rank of Surgeon Lieutenant Commander. Surgeon Lieutenants H. F. Stephen to the *Beaufort*; F. R. McCambley to the *Victory*, for R.N. Barracks, Portsmouth.

ARMY MEDICAL SERVICE.

Colonel W. E. Hardy retires on retired pay (April 12th, 1920—substituted for notification in the *London Gazette*, April 14th, 1920).

Temporary Colonel Sir A. Chance, C B.E., relinquishes his commission and retains the rank of Colonel.

ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonels retire on retired pay: J. H. Brunskill, D.S.O., O.B.E., H. A. Davidson, D.S.O., S. J. C. P. Perry, W. L. Baker, J. G. Churton, T. Biggam.

Lieutenant-Colonel B. Forde, C.M.G., is placed on retired pay.

Major Norman D. Walker, O.B.E., to be temporary Lieutenant-Colonel whilst specially employed.

Major M. P. Leahy is placed on retired pay on account of ill health caused by wounds. (August 26th, 1919—substituted for notification in the *London Gazette*, August 25th, 1919.)

The following officers relinquish the acting rank of Lieutenant-Colonel: Major T. J. Potter, O.B.E., Captain C. H. K. Smith, M.C.

Major L. A. A. Andrews relinquishes the acting rank of Lieutenant-Colonel. (September 23rd, 1919—substituted for notification in the *London Gazette*, December 2nd, 1919.)

British Medical Association.

OFFICES AND LIBRARY, 429, STRAND, LONDON, W.C.2.

Reference and Lending Library.

THE READING ROOM, in which books of reference, periodicals, and standard works can be consulted, is open to members from 10 a.m. to 6.30 p.m., Saturdays 10 to 2.

LENDING LIBRARY: Members are entitled to borrow books, including current medical works; they will be forwarded, if desired, on application to the Librarian, accompanied by 6d. for each volume for postage and packing.

Departments.

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate, Westrand, London. Tel.: Gerrard 2630).

MEDICAL SECRETARY (Telegrams: Medisecra, Westrand, London. Tel.: Gerrard 2634).

EDITOR, *British Medical Journal* (Telegrams: Aitiology, Westrand, London. Tel.: Gerrard 2631).

SCOTTISH MEDICAL SECRETARY: 6, Rutland Square, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 4361 Central.)

IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association.

MAY.

11 Tues. London: Standing Subcommittee, Central Ethical Committee, 2.30 p.m.
Buckingham Division, Aylesbury: Lecture by Sir James Galloway, K.B.E., C.B.

12 Wed. London: Finance Committee, 2 30 p.m.

13 Thurs. London: Naval and Military Committee, Territorial Force Subcommittee, 3 p.m.
North of England Branch, Newcastle-on-Tyne.

14 Fri. Exeter Division, Royal Devon and Exeter Hospital, 2.30 p.m.

17 Mon. **Last day for receipt of Nominations for Council.**

19 Wed. London: **Council**, 10 a.m.
South-Eastern Counties Division, Edinburgh Branch, Annual meeting, Railway Hotel, Newtown St. Boswells, 3 p.m.

21 Fri. Preston Division: 8.30 p.m., Lecture by Dr. W. Blair Bell: Ductless Glands.

26 Wed. Essex Branch, Saracen's Head Hotel, Chelmsford, 12 o'clock.

DIARY OF SOCIETIES AND LECTURES.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.1.—Monday, 8 p.m., Annual Meeting; 9 p.m., Annual Oration by Sir D'Arcy Power, K.B.E., on The Rev. John Ward and Medicine. Presentation of Fothergillian Medal (1917) to Sir Leonard Rogers, C.I.E., M.D.

ROYAL SOCIETY OF MEDICINE.—*War Section:* Monday, 5.30 p m., Annual General Meeting. Surgeon Captain Bassett-Smith, R.N.: Scurvy, with special reference to prophylaxis in the Royal Navy. *Subsection of Proctology (Section of Surgery):* Wednesday, 5.30 p.m., Annual General Meeting. *Section of Neurology:* Thursday, 8.30 p.m., Annual General Meeting. Dr. S. A. Kinneir Wilson: Decerebrate Rigidity in Man and the Occurrence of Tonic Fits. *Clinical Section:* Friday, 5 p.m., Cases; 5.30 p.m., Annual General Meeting.

SOCIETY OF TROPICAL MEDICINE AND HYGIENE, 11, Chandos Street, W.1.—Friday, 8 30 p.m., Dr. Edward J. Wood: Pellagra from the Standpoint of a "Deficiency Disease."

POST-GRADUATE COURSES AND LECTURES.

MANCHESTER FRENCH HOSPITAL.—Thursday, 4.30 p.m., Dr. A. C. Magian: Silver Salvarsan in the Treatment of Syphilis.

MANCHESTER ROYAL INFIRMARY.—Tuesday, 4 30 p.m , Dr. Donald E. Core: Hysteria and Certain Indications for its Treatment.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.15.—Daily, 2.30 p.m., Operations, Medical and Surgical Clinics, etc. Monday, 2.30 p.m., Mr. Banister: Gynaecological. Tuesday, 9.45 a.m , Lieut.-Colonel R. H. Elliot: Selected Eye Cases and Operations; 2.15 p.m., Dr. Whiting: Selected Cases of Heart Disease; 3.15 p.m., Mr. Howell Evans: Scrotal Tumours; 4.30 p.m., Mr. Carson, Lecture: Surgical Diseases of the Pancreas. Wednesday, 2.30 p.m., Dr. Oliver: Dermatological. Thursday, 2.30 p.m.: Eye Cases, Mr. Fleming; Radiology, Dr. Metcalfe. Friday, 2.30 p.m., Dr. C. E. Sundell: Diseases of Children. Saturday, 3 p.m., Mr. Carson: Selected Surgical Cases.

ROYAL EYE HOSPITAL, Southwark.—Wednesday, 5 p.m., Mr. Letchworth: Eye Diseases due to Nephritis and other Toxaemias.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—Lectures on Tuberculosis, 5 p.m.:—Monday, Dr. W. E. C. Dickson: Bacteriology and Pathology. Tuesday, Dr. H. Sutherland: Epidemiology. Wednesday, Dr. A. Abrahams: Etiology. Thursday and Friday, Dr. D. Barty King: Symptoms.

SALFORD ROYAL HOSPITAL.—Thursday, 4.30 p.m., Dr. Dyson: Tuberculosis of the Skin.

SHEFFIELD UNIVERSITY PATHOLOGICAL MUSEUM.—Wednesday, 4 p.m., Professor Connell: Pathology of Everyday Lesions of the Intestine.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith.—Daily, 10 a.m., Ward Visits; 2 p.m., In-patient, Out-patient Clinics and Operations. Monday, 12.15 p.m., Dr. Burnford: Pathological Demonstration; 5 p.m., Mr. Donald Armour: Cervical Ribs. Tuesday, 10 a.m., Dr. McDougal: Electrical Department; 5 p.m., Mr. Tyrrell Gray: Appendicitis. Wednesday, 2 p.m., Mr. Gibb: Eye Department; 5 p.m., Dr. Owen: Congenital Morbus Cordis. Thursday, 10.30 a.m , Dr. Simson: Gynaecological Demonstration; 5 p.m., Mr. Bishop Harman: Cataract Operations. Friday, 2 p.m., Dr. Pritchard: Medical Wards; 5 p.m., Sir Robert Armstrong-Jones: Mental Disease. Saturday, 10 a.m., Dr. Arthur Saunders: Diseases of Children; 12 noon, Mr. Sinclair: Surgical Anatomy of the Abdomen.

APPOINTMENTS.

BOURNE, Geoffrey, M.B.Lond., M.R.C.P., Physician to the East London Hospital for Children, Shadwell.

CANE, Leonard B., M.D. Cantab., B.C., M.R.C.S.Eng., L.R.C.P.Lond., Honorary Physician to Peterborough Infirmary.

D'EWART, John, M.B.Lond., M.R.C.S., Medical Superintendent, Booth Hall Infirmary for Children, Manchester, E.

EDGE, William, M.R.C.S., L.R.C.P., Assistant Medical Officer, Booth Hall Infirmary for Children, Manchester, E.

VINING, C. W., M.D., B.S.Lond., M.R.C.P., D.P.H., Assistant Physician in charge of Children's Department, General Infirmary, Leeds.

WILSON, A. H., L.R.C.S., L.R.C.P.Edin., D.P.H.Lond., M.O.H. and Assistant School Medical Officer, East Wilts Combined Districts.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is **7s. 6d.**, *which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue.*

BIRTHS.

COX.—April 30th, at Hazeldean Nursing Home, Manchester, to George Lissant Cox, M.D.Cantab., of Preston, and Mrs. Cox, a daughter.

DICK.—On May 2nd, 1920, at 4, Filey Road, Scarborough, to Dr. and Mrs. J. R. Dick, a son.

KILNER.—On April 21st, at 15, Albert Crescent, Bury St. Edmunds, the wife of H. Goff Kilner (late Major R.A.M.C., Croix de Guerre), of a daughter.

MOFFET.—On April 30th, at 86, Manley Road, Whalley Range, Manchester, to Dr. W. P. and Mrs. Moffet, a son.

MARRIAGES.

COOPER—MACNIVEN.—At 13, Cluny Drive, Edinburgh, on April 30th, by the Rev. John A. Duke, B.D., Morningside U.F. Church, Captain Duncan Gordon Cooper, M.B., Ch.B., Indian Medical Service, to Helen Gould Donaldson, youngest daughter of John Macniven.

EDEN—BARFORD.—On Wednesday, April 28th, at All Saints' Church, Leamington Spa, by the Rev. C. T. B. McNulty, M.A., Vicar of Holy Trinity, assisted by the Rev. Fredk. Feist, Dr. Louis T. Eden, Coventry, son of Mr. James R. Eden, Edinburgh, to Lilian Mary, eldest daughter of Mr. and Mrs. H. W. Barford, Coventry.

DEATHS.

CROMBIE.—At Park House, North Berwick, on May 1st, 1920, John Liddle Crombie, M.D., aged 77.

MARTIN.—On April 21st, at 45, Grange Road, London, S.E., F. G. Clifton Martin, M.R.C.S.Eng., L.R.C.P., L.S.A.Lond.

PARSONS.—On April 27th, Philip Harry Parsons, L.R.C.P., L.R.C.S. Edin., L.F.P.S.Glasg. (Melbourne University and R.C.S.Edin.), of 6, Foulis Terrace, South Kensington, S.W.9, aged 47, the beloved husband of Mary Parsons.

SMITH.—Jessie Irvine, aged 50, the beloved wife of A. G. L. Smith, M.R.C.S., L.R.C.P., at The Cabin, Crick, Rugby, April 27th, 1920. At rest.

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